



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

VOLUME 1: GOVERNANCE AND ADMINISTRATION	Effective Date: 12/2003
CHAPTER 42	Revision Date: 04/2019
1.42.1 UTILIZATION MANAGEMENT PROGRAM POLICY	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. POLICY

The California Correctional Health Care Services' (CCHCS) Utilization Management (UM) Program shall ensure the appropriate use of limited health care resources including, but not limited to, medical procedures, consultations with specialists, diagnostic studies, inpatient beds, and outpatient beds allocated for health program use to promote the best possible patient outcomes, eliminate unnecessary cost, and maintain consistency in the delivery of health care services. The UM Program shall:

- Implement evidence-based medical necessity criteria statewide.
- Manage requests for specialty services to reduce backlogs, wait times, custody and transport demands, and to improve timely access to care.
- Manage care transitions for patients in community hospitals and specialized health care housing beds (e.g., Outpatient Housing Unit, Correctional Treatment Center, Skilled Nursing Facility) through care coordination and complex case management to optimize patient health outcomes and the use of resources.
- Provide a centralized process for reviewing and analyzing clinical, financial, and operational data to identify trends and patterns in the use of contract medical services and health care beds within California Department of Corrections and Rehabilitation (CDCR).
- Develop the statewide UM Improvement Work Plan at least biennially to include improvement priorities, performance objectives, and associated strategies and activities.
- Maintain a committee structure at headquarters and in the field to provide oversight of the UM work plans and UM Program requirements.

II. PURPOSE

The purpose of the UM Program is to optimize the value of contract medical services and the use of specialized health care housing by ensuring appropriate, timely, safe, and cost-effective care for patients who require specialty, hospital, emergency, skilled nursing, and diagnostic services and who are admitted to specialized health care housing within CDCR.

III. RESPONSIBILITIES

A. Statewide

1. The Deputy Director, Medical Services, and Deputy Medical Executive, UM, are jointly responsible for the planning, implementation, evaluation, and monitoring of the UM Program at the statewide level.
2. CDCR and CCHCS departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place and appropriate tools, training, technical assistance, and levels of resources are available to ensure appropriate, timely, safe, and cost-effective care for patients.
3. The Headquarters Utilization Management Committee (HUMC) is a subcommittee of the statewide Quality Management Committee (QMC) and is responsible for providing oversight of the UM Program at the statewide level, identifying and communicating

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program goals, developing program-specific improvement plans, and managing implementation of improvement initiatives.

B. Regional

1. Regional Health Care Executives are responsible for adherence to the UM Program policy and procedure at a subset of institutions within an assigned region.
2. The UM Nurse Consultant Program Reviewers are responsible for:
 - a. Regular monitoring of dashboards and patient registries to identify and address potential issues in accessing contract medical services.
 - b. Ensuring UM Registered Nurses are adequately trained on their role and responsibilities including the use of dashboards, patient registries, and other clinical decision support tools to support timely, safe, efficient, and cost-effective use of contract medical services and specialized health care housing beds at a subset of institutions within an assigned region.

C. Institutional

1. The Chief Executive Officer (CEO), Chief Support Executive (CSE), Chief Medical Executive (CME), and Chief Nurse Executive (CNE) are responsible for the planning, implementation, evaluation, and monitoring of the UM Program and ensuring adherence to the UM Program policy and procedure at the institutional level.
2. The CSE has overall responsibility for the administrative and support functions of the health care system ensuring local policies and procedures align with and support the goals and objectives of the UM Program.
3. The CEO has overall responsibility for implementation and ongoing oversight of the health care system at the institution. The CEO may delegate decision-making authority to the CME and CNE for daily operations including, but not limited to, the following:
 - a. Ensuring that resources are effectively deployed to support timely, safe, efficient, and cost-effective use of contract medical services and specialized health care housing beds.
 - b. Providing access to equipment, supplies, health information systems, patient registries, patient summaries, and evidence-based guidelines.
 - c. Reviewing and comparing institution Care Team performance including:
 - 1) The overall quality of services.
 - 2) Health outcome data.
 - 3) Assignment of consistent and adequate resources.
 - 4) Utilization of dashboards, patient Registries, patient Summaries, and decision support tools.
 - 5) Addressing issues as necessary.
 - d. Updating procedures, roles and responsibilities, and training as new tools and technology become available.
4. The CME is responsible for the overall medical management of patients and ensures resources are available to meet the needs of the population.
5. The CNE is responsible for managing and overseeing the daily operations of the scheduling system and coordinating the delivery of health care services by monitoring, identifying, and addressing barriers in accessing contract medical services.
6. All members of the institution leadership team are responsible for establishing an organizational culture that promotes interdisciplinary teamwork and continuous process improvement.

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7. The Institution Utilization Management Committee is a subcommittee of the institution QMC and is responsible for oversight of the UM Program at the local level, developing program-specific improvement plans, and managing implementation of improvement initiatives.
8. The institution QMC reports to the statewide QMC and is responsible for coordinating institution-wide performance evaluation and improvement activities and communicating UM Program performance improvement activities to the statewide QMC.

IV. REFERENCES

- California Civil Code, Division 1, Part 2.6, Section 56 et seq.
- California Evidence Code, Division 9, Chapter 3, Section 1157
- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Sections 3350, 3352, and 3352.1
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 3, Quality Management
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.12, Outpatient Specialty Services Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 1, Chapter 42.2, Utilization Management Program Procedure